

**CITY OF MERCER ISLAND, WASHINGTON  
PUBLIC RECORDS REQUEST FORM**

REQUEST #

**Submit Request to:** Public Records Officer  
City of Mercer Island  
9611 SE 36th Street  
Mercer Island, WA 98040-3732

Phone: (206) 275-7651  
Fax: (206) 275-7663  
Email: [pr@mercerisland.gov](mailto:pr@mercerisland.gov)



**INSTRUCTIONS:**

Employee receiving the request completes **Section 1**. Requestor completes **Section 2** (or employee receiving phone request completes form). Attach any explanatory documents. Route form to the City Clerk/Public Records Officer to complete **Section 3**.

SECTION 1: FOR CITY USE ONLY	
DATE RECEIVED:	REQUEST MADE: <input type="checkbox"/> in person <input type="checkbox"/> by e-mail <input type="checkbox"/> by mail <input type="checkbox"/> by phone
RECEIVED BY:	

**SECTION 2: PUBLIC RECORDS REQUEST** *(This completed form is a public record and may be released to any requestor)*

REQUESTOR NAME:	COMPANY:
PHONE:	EMAIL:
ADDRESS:	CITY: STATE: ZIP:
Please describe the records you are requesting and any additional information that will help us locate them for you, e.g. permit #, addresses, dates, names, etc (attach additional pages if necessary):	CHECK ONE: <input type="checkbox"/> Please make records available for review only. <input type="checkbox"/> Please provide copies and applicable reproduction fee.

SECTION 3: FOR CITY USE ONLY	
Pursuant to RCW 42.56.520, the City will respond within five (5) business days, either by providing the information requested, providing a reasonable estimate as to when the records will be available, or by denying the request. The five-day response begins one working day after receipt of request.	<input type="checkbox"/> Allow access <input type="checkbox"/> No public record(s) exist <input type="checkbox"/> Deny access <input type="checkbox"/> Records are exempt (see exemption log)
I understand that there may be copying charges, with a minimum of \$0.15 per page for standard photocopies.	STAFF INVOLVED:
I certify that any lists of individuals obtained through this request will not be used for commercial purposes. RCW 42.56.070(9).	STAFF TIME:
SIGNATURE:	RESPONSE DATE: